

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

of \_\_\_\_\_

## BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 110

County Registrar No. \_\_\_\_\_

Local Registrar No. 451

Full name of child

Melba Shelton

If child is not yet named, make supplemental report, as directed.

Sex of Child

maleTo be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other.....

6. Legitimate?

yes7. Date  
of birth3-5-1928

Month day year

5. No., in order of birth.....

FATHER  
name Dan SheltonResidence  
(Usual place of abode)Globe

nonresident, give place and state

Ariz.

10. Color or race

white11. Age at last birthday 28 (Years)12. Birthplace (city or place)  
(State or country)Hopkins Co.  
Texas

13. Occupation

Mail Carrier

Nature of industry

14. MOTHER

Full maiden name

Holland Parker

15. Residence

(Usual place of abode)

Globe

If nonresident, give place and state

Ariz.

16. Color or race

white17. Age at last birthday 21 (Years)

18. Birthplace (city or place)

(State or country)

Globe  
Arizona

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(a) Born alive and now living 2(b) Born alive but now dead 0(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 8:50 a. on the date above stated.  
(Born alive or stillborn.)

Signature

T. C. Harper

(Physician or midwife)

Address

Globe, ArizonaFiled 4/4

1928

D. E. Lightner

Local Registrar.

Registrar.

Filed

19

County Registrar.

425-305-879

in order of birth stated.